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Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

05 APR 21 PM 3:12

Full Name of Committee The Committee to Elect Eddie Pauline						Registration Number, if PAC BOARD OF ELECTIONS					
Full Name of Candidate Eddie Pauline											
Street Address 980 King Ave. Bld. 9 Apt. 6						Office Sought Columbus City Council			District		
City Columbus						State OH		Zip Code 43212			
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
		July		August		September				Semiannual	
		Monthly		Monthly		Monthly		Termination			
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election			M	D	Y
									0	5	0
									0	3	0
									5		5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 0.00
2. Total monetary contributions (From Form No. 31-A)	\$ 8,820.00 ✓
3. Total other income (From Form No. 31-A-2)	\$ 0.41 ✓
4. Total funds available (sum of lines 1, 2, 3)	\$ 8,820.41 ✓
5. Total monetary expenditures (From Form No. 31-B)	\$ 643.28 ✓
6. Balance on hand (line 4 minus line 5)	\$ 8,177.13 ✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 646.26
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-M)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Eric Weldele - Treasurer

E. Weldele

4/21/05

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution
pages 9

Expenditure
pages 1

Other
pages 0

Total
pages 10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline												
Full Name of Contributor Tom Davis						Registration Number, if PAC						
Street Address One Miranova Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43216		M 0 2		D 1 6		Y 0 5		Amount 1,000.00
Full Name of Contributor Mark Anthony Ryan						Registration Number, if PAC						
Street Address 364 W. Lane Ave. Apt. 437			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43201		M 0 3		D 0 9		Y 0 5		Amount 25.00
Full Name of Contributor William T. Hiller						Registration Number, if PAC						
Street Address 9540 Remington Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Mentor		State O H		Zip Code 44060		M 0 3		D 0 9		Y 0 5		Amount 100.00
Full Name of Contributor Jill Craig						Registration Number, if PAC						
Street Address 6517 Jones Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Bloomingsburg		State O H		Zip Code 43106		M 0 3		D 0 6		Y 0 5		Amount 50.00
Full Name of Contributor Daniel Steinberg						Registration Number, if PAC						
Street Address 471 Blandings Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Worthington		State O H		Zip Code 43085		M 0 3		D 0 9		Y 0 5		Amount 50.00
Full Name of Contributor Mabel Freeman						Registration Number, if PAC						
Street Address 65 Meadow Park Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43209		M 0 3		D 0 7		Y 0 5		Amount 200.00
Full Name of Contributor James Tressel						Registration Number, if PAC						
Street Address 2777 McCoy Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43220		M 0 3		D 0 9		Y 0 5		Amount 100.00
Full Name of Contributor Joy Mahrer						Registration Number, if PAC						
Street Address 114 Mayfair Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Pittsburgh		State P A		Zip Code 15228		M 0 3		D 2 9		Y 0 5		Amount 100.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,625.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline												
Full Name of Contributor Laura Ambro						Registration Number, if PAC						
Street Address 12493 Cedar Rd. Apt. 9			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Cleveland Heights		State O H		Zip Code 44106		M 0 3		D 2 3		Y 0 5		Amount 20.00
Full Name of Contributor Matthew Ottiger						Registration Number, if PAC						
Street Address 661 Briggs St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43206		M 0 4		D 1 3		Y 0 5		Amount 75.00
Full Name of Contributor Jason Pauline						Registration Number, if PAC						
Street Address 5548 Deerborn Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Mentor		State O H		Zip Code 44060		M 0 3		D 2 8		Y 0 5		Amount 100.00
Full Name of Contributor Jerry Jordan						Registration Number, if PAC						
Street Address 795 Old Woods Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43235		M 0 3		D 3 0		Y 0 5		Amount 200.00
Full Name of Contributor Frank Lazar						Registration Number, if PAC						
Street Address 580 E. Town St. Apt. 135			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 0 4		D 0 3		Y 0 5		Amount 100.00
Full Name of Contributor Jessica Fenell						Registration Number, if PAC						
Street Address 8155 Wedgewood Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Chesterland		State O H		Zip Code 44026		M 0 3		D 1 3		Y 0 5		Amount 50.00
Full Name of Contributor Jeffrey Brannon						Registration Number, if PAC						
Street Address 1949 W. Cortland St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Chicago		State I L		Zip Code 60622		M 0 3		D 1 7		Y 0 5		Amount 50.00
Full Name of Contributor Larry Lokai						Registration Number, if PAC						
Street Address 793 Terry Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Urbana		State O H		Zip Code 43078		M 0 3		D 1 5		Y 0 5		Amount 25.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 620.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline									
Full Name of Contributor Brad Myers						Registration Number, if PAC			
Street Address 4528 Olentangy Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43214	M 0	D 3	Y 1	Amount 50.00		
Full Name of Contributor Natalie Siston						Registration Number, if PAC			
Street Address 3943 El Camino Real Apt. 4			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State C	A A	Zip Code 94306	M 0	D 3	Y 1	Amount 25.00		
Full Name of Contributor Zachary Elder						Registration Number, if PAC			
Street Address 4257 San Pablo Dam Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City El Sobrante	State C	A A	Zip Code 94803	M 0	D 3	Y 1	Amount 50.00		
Full Name of Contributor John Mount						Registration Number, if PAC			
Street Address 3121 Barry Trace Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin	State O	H H	Zip Code 43017	M 0	D 3	Y 1	Amount 100.00		
Full Name of Contributor William Napier						Registration Number, if PAC			
Street Address 2105 Fairfax Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43221	M 0	D 3	Y 1	Amount 100.00		
Full Name of Contributor Joseph Shultz						Registration Number, if PAC			
Street Address 3378 County Rd. 21			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City DeGraff	State O	H H	Zip Code 43318	M 0	D 2	Y 0	Amount 75.00		
Full Name of Contributor Jack Miner						Registration Number, if PAC			
Street Address 114 E. Second Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43201	M 0	D 3	Y 0	Amount 100.00		
Full Name of Contributor Mary Leavitt						Registration Number, if PAC			
Street Address 1050 Stoney Creek Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43235	M 0	D 3	Y 1	Amount 50.00		

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Page Total \$ 550.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline							
Full Name of Contributor William Hiller					Registration Number, if PAC		
Street Address 9540 Remington Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Mentor	State O H	Zip Code 44060	M 0	D 3	Y 0	Amount 100.00	
Full Name of Contributor Geraldine Steel					Registration Number, if PAC		
Street Address 5261 Barony Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cincinnati	State O H	Zip Code 45241	M 0	D 3	Y 2	Amount 100.00	
Full Name of Contributor Joan Perkins					Registration Number, if PAC		
Street Address 5269 Barony Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cincinnati	State O H	Zip Code 45241	M 0	D 4	Y 0	Amount 100.00	
Full Name of Contributor Florence Odita					Registration Number, if PAC		
Street Address 3155 Wareham Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0	D 4	Y 0	Amount 50.00	
Full Name of Contributor Tom Davis					Registration Number, if PAC		
Street Address One Miranova Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43216	M 0	D 4	Y 0	Amount 1,000.00	
Full Name of Contributor Vernon Morrison					Registration Number, if PAC		
Street Address 2333 McCoy Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0	D 4	Y 0	Amount 100.00	
Full Name of Contributor Bradley Block					Registration Number, if PAC		
Street Address 8581 Dusingane Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 4	Y 0	Amount 75.00	
Full Name of Contributor Troy Doucet					Registration Number, if PAC		
Street Address 3718 Peak Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0	D 4	Y 0	Amount 75.00	

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Page Total \$ 1,600.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline							
Full Name of Contributor Mary Ann Potter Lewis					Registration Number, if PAC		
Street Address 2121 Bethel Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0	D 4	Y 0	Amount 75.00	
Full Name of Contributor Gregory Allen					Registration Number, if PAC		
Street Address 9640 Jackson St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Mentor	State O H	Zip Code 44060	M 0	D 3	Y 2	Amount 100.00	
Full Name of Contributor Frank Titus					Registration Number, if PAC		
Street Address 1251 Harrison Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0	D 4	Y 0	Amount 75.00	
Full Name of Contributor Dorothy Teater					Registration Number, if PAC		
Street Address 286 W. Weisheimer		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0	D 4	Y 0	Amount 100.00	
Full Name of Contributor Roger Tracy					Registration Number, if PAC		
Street Address 5057 Heath Gate Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0	D 4	Y 0	Amount 100.00	
Full Name of Contributor Lee Schear					Registration Number, if PAC		
Street Address 1130 Harman Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dayton	State O H	Zip Code 45419	M 0	D 4	Y 0	Amount 100.00	
Full Name of Contributor Evelyn Kiffmeyer					Registration Number, if PAC		
Street Address 458 Scarborough		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Painesville	State O H	Zip Code 44077	M 0	D 4	Y 0	Amount 50.00	
Full Name of Contributor Collen O'Brien					Registration Number, if PAC		
Street Address 2015 Roundwyck Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 0	D 4	Y 0	Amount 50.00	

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Page Total \$ 650.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline							
Full Name of Contributor Colleen O'Brien					Registration Number, if PAC		
Street Address 2015 Roundwyck Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 0	D 3	Y 2	Amount 100.00	
Full Name of Contributor Charles Jenkins					Registration Number, if PAC		
Street Address 2867 N. West Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0	D 4	Y 0	Amount 25.00	
Full Name of Contributor John Mount					Registration Number, if PAC		
Street Address 3121 Barry Trace Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 4	Y 1	Amount 50.00	
Full Name of Contributor Paul Love					Registration Number, if PAC		
Street Address 540 Overbrook Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0	D 4	Y 0	Amount 25.00	
Full Name of Contributor Marlinda Iyer					Registration Number, if PAC		
Street Address 367 W. 8th Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0	D 3	Y 1	Amount 100.00	
Full Name of Contributor Amy Shipman					Registration Number, if PAC		
Street Address 15921 Grove Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Middlefield	State O H	Zip Code 44062	M 0	D 3	Y 1	Amount 100.00	
Full Name of Contributor Felix Alonso					Registration Number, if PAC		
Street Address 943 Highland St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0	D 3	Y 2	Amount 100.00	
Full Name of Contributor Larry Disbro					Registration Number, if PAC		
Street Address 9234 Johnnycake Ridge Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Mentor	State O H	Zip Code 44060	M 0	D 3	Y 3	Amount 100.00	

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Page Total \$ 600.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline												
Full Name of Contributor Dennis Trentman						Registration Number, if PAC						
Street Address 7896 New Brunswick			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Cincinnati		State O H		Zip Code 45241		M 0 3		D 2 6		Y 0 5		Amount 100.00
Full Name of Contributor Vorys Sater Seymour & Pease LLP Advocates for Effective Govt						Registration Number, if PAC OH108						
Street Address 52 E. Gay Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 0 3		D 2 8		Y 0 5		Amount 500.00
Full Name of Contributor Vorys Sater Seymour & Pease LLP Advocates for Effective Govt						Registration Number, if PAC OH108						
Street Address 52 E. Gay Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 0 3		D 2 8		Y 0 5		Amount 500.00
Full Name of Contributor Franklin County Forum						Registration Number, if PAC						
Street Address 525 Hiler Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43228		M 0 2		D 2 5		Y 0 5		Amount 25.00
Full Name of Contributor Nicholas Everhart						Registration Number, if PAC						
Street Address 3944 North Hampton Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43065		M 0 4		D 1 3		Y 0 5		Amount 75.00
Full Name of Contributor Stephen Helwigen						Registration Number, if PAC						
Street Address 241 Key Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Pataskala		State O H		Zip Code 43062		M 0 4		D 1 3		Y 0 5		Amount 50.00
Full Name of Contributor Mory Fuhrmann						Registration Number, if PAC						
Street Address 4603 Ludington Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43227		M 0 4		D 0 8		Y 0 5		Amount 50.00
Full Name of Contributor Aaron Leventhal						Registration Number, if PAC						
Street Address 759 City Park Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43206		M 0 4		D 1 3		Y 0 5		Amount 50.00

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Page Total \$ **1,350.00**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline									
Full Name of Contributor George Arnold						Registration Number, if PAC			
Street Address 3020 Dale Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43209	M 0	D 4	Y 1	Amount 75.00		
Full Name of Contributor Michael Valo						Registration Number, if PAC			
Street Address 931 Longview Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43235	M 0	D 4	Y 1	Amount 50.00		
Full Name of Contributor Andrew Bowers						Registration Number, if PAC			
Street Address 953 Neil Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43201	M 0	D 4	Y 1	Amount 50.00		
Full Name of Contributor Pieter Wykoff						Registration Number, if PAC			
Street Address 230 East Oakland Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43201	M 0	D 4	Y 1	Amount 50.00		
Full Name of Contributor Citizens for Jim Petro						Registration Number, if PAC			
Street Address 1933 Lakeshore Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43204	M 0	D 4	Y 1	Amount 75.00		
Full Name of Contributor Joshua Ryan						Registration Number, if PAC			
Street Address One Miranova Pl.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 4	Y 1	Amount 500.00		
Full Name of Contributor Palmer McNeal						Registration Number, if PAC			
Street Address 5169 Springfield Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43081	M 0	D 4	Y 1	Amount 500.00		
Full Name of Contributor Robert Klaffky						Registration Number, if PAC			
Street Address 41 S. High Street Suite 3710			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 4	Y 1	Amount 250.00		

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Page Total \$ **1,550.00**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline									
Full Name of Contributor Zuheir Sofia						Registration Number, if PAC			
Street Address 225 Stanberry Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43209	M 0	D 4	Y 1	Amount 250.00		
Full Name of Contributor Scott Brown						Registration Number, if PAC			
Street Address 4979 Claymill Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43026	M 0	D 4	Y 1	Amount 25.00		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount		

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Page Total \$ 275.00

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full The Committee To Elect Eddie Pauline											
Full Name Bank One						Registration Number, if PAC					
Address 100 E. Broad Street			Type* I N					M	D	Y	Amount 0.41
City Columbus			State O H		Zip Code 43215		Form(Cash,Check,etc) Cash				
Full Name						Registration Number, if PAC					
Address			Type*					M	D	Y	Amount
City			State		Zip Code		Form(Cash,Check,etc)				
Full Name						Registration Number, if PAC					
Address			Type*					M	D	Y	Amount
City			State		Zip Code		Form(Cash,Check,etc)				
Full Name						Registration Number, if PAC					
Address			Type*					M	D	Y	Amount
City			State		Zip Code		Form(Cash,Check,etc)				
Full Name						Registration Number, if PAC					
Address			Type*					M	D	Y	Amount
City			State		Zip Code		Form(Cash,Check,etc)				
Full Name						Registration Number, if PAC					
Address			Type*					M	D	Y	Amount
City			State		Zip Code		Form(Cash,Check,etc)				
Full Name						Registration Number, if PAC					
Address			Type*					M	D	Y	Amount
City			State		Zip Code		Form(Cash,Check,etc)				
Full Name						Registration Number, if PAC					
Address			Type*					M	D	Y	Amount
City			State		Zip Code		Form(Cash,Check,etc)				

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 0.41 ✓

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full The Committee to Elect Eddie Pauline												
To Whom Paid The United States Post Office						M	D	Y	Amount			
						0	3	2	4	0	5	370.00
Address 850 Twin Rivers Dr				Purpose Stamps								
City Columbus				State O	H	Zip Code 43215		Check Number Certified Check				
To Whom Paid Excelsior Printing Co.						M	D	Y	Amount			
						0	4	1	0	0	5	273.28
Address 2000 Parsons Ave.				Purpose Printing								
City Columbus				State O	H	Zip Code 43207		Check Number 1				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			

Page Total \$ 643.28

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline							
Full Name of Contributor Nicholas Everhart				Registration Number, if PAC			
Street Address 3944 North Hampton Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	75.00
City Columbus		State O	Zip Code 43065	Form (Cash, Check, etc) Check			
Full Name of Contributor Stephen Helwagen				Registration Number, if PAC			
Street Address 241 Key Blvd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City Pataskala		State O	Zip Code 43062	Form (Cash, Check, etc) check			
Full Name of Contributor Mory Fuhrmann				Registration Number, if PAC			
Street Address 4603 Ludington Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0	50.00
City Columbus		State O	Zip Code 43227	Form (Cash, Check, etc) Check			
Full Name of Contributor Aaron Leventhal				Registration Number, if PAC			
Street Address 759 city Park Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City Columbus		State O	Zip Code 43206	Form (Cash, Check, etc) Check			
Full Name of Contributor George Arnold				Registration Number, if PAC			
Street Address 3020 Dale Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	75.00
City Columbus		State O	Zip Code 43209	Form (Cash, Check, etc) Check			
Full Name of Contributor Michael Valo				Registration Number, if PAC			
Street Address 931 Longview Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City Columbus		State O	Zip Code 43235	Form (Cash, Check, etc) Check			
Full Name of Contributor Andrew Bowers				Registration Number, if PAC			
Street Address 953 Neil Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City Columbus		State O	Zip Code 43201	Form (Cash, Check, etc) Check			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2125.00

Total expenditures this event

Invoice not received

Page Total \$ **400.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline							
Full Name of Contributor Pieter Wykoff				Registration Number, if PAC			
Street Address 230 East Oakland Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	50.00
City Columbus		State O	H	Zip Code 43201		Form (Cash, Check, etc) Check	
Full Name of Contributor Citizens for Jim Petro				Registration Number, if PAC			
Street Address 1933 Lakeshore Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	75.00
City Columbus		State O	H	Zip Code 43204		Form (Cash, Check, etc) Check	
Full Name of Contributor Joshua Ryan				Registration Number, if PAC			
Street Address One Miranova Pl.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	500.00
City Columbus		State O	H	Zip Code 43215		Form (Cash, Check, etc) Check	
Full Name of Contributor Palmer McNeal				Registration Number, if PAC			
Street Address 5169 Springfield Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	500.00
City Columbus		State O	H	Zip Code 43081		Form (Cash, Check, etc) Check	
Full Name of Contributor Robert Klaffky				Registration Number, if PAC			
Street Address 41 S. High St. Suite 3710		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	250.00
City Columbus		State O	H	Zip Code 43215		Form (Cash, Check, etc) Check	
Full Name of Contributor Zuheir Sofia				Registration Number, if PAC			
Street Address 225 Stanberry Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	250.00
City Columbus		State O	H	Zip Code 43209		Form (Cash, Check, etc) Check	
Full Name of Contributor Scott Brown				Registration Number, if PAC			
Street Address 4979 Claymill Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	25.00
City Columbus		State O	H	Zip Code 43026		Form (Cash, Check, etc) Check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2125.00

Total expenditures this event

Invoice not received

Page Total \$ **1,650.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline					
Full Name of Contributor Matthew Ottiger				Registration Number, if PAC	
Street Address 661 Briggs St.	Employer/Occupation/Labor Organization*		M	D	Y
City Columbus	State OH	Zip Code 43206	0	4	1
			3	0	5
			Amount 75.00		
Form(Cash, Check, etc) Check					
Full Name of Contributor					
Registration Number, if PAC					
Street Address					
Employer/Occupation/Labor Organization*					
M D Y					
City State Zip Code					
Form(Cash, Check, etc)					
Amount					
Full Name of Contributor					
Registration Number, if PAC					
Street Address					
Employer/Occupation/Labor Organization*					
M D Y					
City State Zip Code					
Form(Cash, Check, etc)					
Amount					
Full Name of Contributor					
Registration Number, if PAC					
Street Address					
Employer/Occupation/Labor Organization*					
M D Y					
City State Zip Code					
Form(Cash, Check, etc)					
Amount					
Full Name of Contributor					
Registration Number, if PAC					
Street Address					
Employer/Occupation/Labor Organization*					
M D Y					
City State Zip Code					
Form(Cash, Check, etc)					
Amount					
Full Name of Contributor					
Registration Number, if PAC					
Street Address					
Employer/Occupation/Labor Organization*					
M D Y					
City State Zip Code					
Form(Cash, Check, etc)					
Amount					
Full Name of Contributor					
Registration Number, if PAC					
Street Address					
Employer/Occupation/Labor Organization*					
M D Y					
City State Zip Code					
Form(Cash, Check, etc)					
Amount					
Full Name of Contributor					
Registration Number, if PAC					
Street Address					
Employer/Occupation/Labor Organization*					
M D Y					
City State Zip Code					
Form(Cash, Check, etc)					
Amount					

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2125.00

Total expenditures this event

Invoice not received

Page Total \$ **75.00**

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline				
Full Name of Contributor Lindsey Boyer		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1734 Northwest Blvd		Description of Item or Service Name Badge		M D Y Fair Market Value 0 4 1 2 0 5 23.48
City Columbus		State O	Zip Code H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Eddie Pauline		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 980 King Ave. Bldg. 9 Apt. 6		Description of Item or Service Cardstock, Labels		M D Y Fair Market Value 0 3 2 5 0 5 93.45
City Columbus		State O	Zip Code H 43212	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Eric Weldele		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 3127 Menzola Dr		Description of Item or Service Envelopes		M D Y Fair Market Value 0 3 2 5 0 5 93.44
City Columbus		State O	Zip Code H 43228	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Eddie Pauline		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 980 King Ave. Bldg. 9 Apt. 6		Description of Item or Service Printing		M D Y Fair Market Value 0 1 0 9 0 5 61.23
City Columbus		State O	Zip Code H 43212	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Eddie Pauline		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 980 King Ave. Bldg. 9 Apt. 6		Description of Item or Service Envelopes and Postage		M D Y Fair Market Value 0 1 0 9 0 5 100.31
City Columbus		State O	Zip Code H 43212	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Eddie Pauline		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 980 King Ave. Bldg. 9 Apt. 6		Description of Item or Service Printing		M D Y Fair Market Value 0 2 1 1 0 5 10.68
City Columbus		State O	Zip Code H 43212	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Eddie Pauline		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 980 King Ave. Bldg. 9 Apt. 6		Description of Item or Service Stamps		M D Y Fair Market Value 0 3 0 2 0 5 111.00
City Columbus		State O	Zip Code H 43212	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Eddie Pauline		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 980 King Ave. Bldg. 9 Apt. 6		Description of Item or Service invitation cutting		M D Y Fair Market Value 0 3 0 9 0 5 11.44
City Columbus		State O	Zip Code H 43212	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline				
Full Name of Contributor Eddie Pauline	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 980 King Ave. Bldg. 9 Apt. 6	Description of Item or Service Printing	M 0	D 3	Y 08
City Columbus	State O	Zip Code 43212	Fair Market Value 21.02	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Eddie Pauline	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 980 King Ave. Bldg. 9 Apt. 6	Description of Item or Service Cardstock	M 0	D 3	Y 26
City Columbus	State O	Zip Code 43212	Fair Market Value 32.00	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Eddie Pauline	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 980 King Ave. Bldg. 9 Apt. 6	Description of Item or Service Cardstock Cutting	M 0	D 3	Y 25
City Columbus	State O	Zip Code 43212	Fair Market Value 6.36	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Eddie Pauline	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 980 King Ave. Bldg. 9 Apt. 6	Description of Item or Service Cardstock cutting	M 0	D 3	Y 26
City Columbus	State O	Zip Code 43212	Fair Market Value 4.77	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Eddie Pauline	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 980 King Ave. Bldg. 9 Apt. 6	Description of Item or Service Printing and Copying	M 0	D 1	Y 23
City Columbus	State O	Zip Code 43212	Fair Market Value 12.74	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Eddie Pauline	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 980 King Ave. Bldg. 9 Apt. 6	Description of Item or Service Copying	M 0	D 2	Y 02
City Columbus	State O	Zip Code 43212	Fair Market Value 15.25	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Eddie Pauline	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 980 King Ave. Bldg. 9 Apt. 6	Description of Item or Service Response Cards	M 0	D 2	Y 13
City Columbus	State O	Zip Code 43212	Fair Market Value 23.48	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Eddie Pauline	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 980 King Ave. Bldg. 9 Apt. 6	Description of Item or Service Printing and Copying	M 0	D 2	Y 28
City Columbus	State O	Zip Code 43212	Fair Market Value 18.94	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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Page Total \$ 134.56

Page Total \$ 6.67